

AGREEMENT

Between

THE TOWN OF VERNON

and

**THE PROFESSIONAL EMPLOYEES
REPRESENTED BY
LOCAL 818 OF COUNCIL 4,
AFSCME, AFL-CIO**

July 1, 2012- June 30, 2016

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PREAMBLE

This Agreement, together with its attached appendices, is between the Town of Vernon, hereinafter referred to as the "Town" and Local 818 Professionals of Council 4, AFSCME, AFL-CIO, hereinafter referred to as the "Union."

The Town and Union Recognize that some of the positions represented by the Professional Employees Local 818, of Council 4, AFSCME, AFL-CIO are and have always held management positions. Management responsibilities shall be apparent both in Unit members' supervision and direction of the subordinate employees and in their attention to the Town's mission of serving the residents of Vernon. The Unit is obligated to ensure that its members, as part of Management, actively support the efforts of the Town Administration to maintain essential Town services to the residents of the Town of Vernon. This section is for information purposes only and shall not be grievable by either party and shall not be cited in any disciplinary action.

ARTICLE I **RECOGNITION**

The Town recognizes the Union as the sole and exclusive bargaining representative for the purposes of collective bargaining in matters of wages, hours of employment and other conditions of employment for all Professional employees of the Town of Vernon excluding the Town Clerk, Public Works Employees and Director of WPCA, and all others excluded by this Act. This recognition is granted pursuant to the certification issued by the Connecticut State Board of Labor Relations in Case ME-18,707.

ARTICLE II **UNION SECURITY**

Section 2.0

The Town agrees to deduct equal dues or service fees with each paycheck as specified by the Secretary of the Union from the wages of all Town employees covered by this Agreement. A signed card authorizing the deduction will be provided to the Finance Office on behalf of each employee for whom the deductions are to be made. The equal service fees remittance to the Union will be accompanied by a list of names of employees from whose wages dues deductions have been made. These lists and dues shall be remitted not later than the last day of the month in which the deductions have been made.

The Town shall provide the Union President with a current list(s) of names, addresses, job classification, grade, annual salary and date of hire by September 30th of each year. Additionally, the Town shall notify the Union in writing, when there is a new hire or retirement within the bargaining unit.

Section 2.1

All employees in the bargaining unit shall, as a condition of employment, pay dues or service fees as specified by the Secretary of the Union.

Section 2.2

The Union agrees to hold the Town harmless from any and all damages arising from the making of authorized deductions or from compliance by the Town with the Union Security provisions of Article II.

Section 2.3

Two (2) bulletin boards shall be reserved at an accessible place for the exclusive use of the Union for the posting of official Union notices or announcements. The Union reserves the right to choose which buildings will be used. The parties will mutually agree upon a location within said buildings. The bulletin boards shall be maintained by the Union and shall not contain any material that is derogatory of the Town Administration.

Section 2.4

The Town shall provide the Council 4 Representatives with five (5) signed copies of this Agreement at the time of signing. The Town agrees to provide one (1) copy of the Agreement for each current member of the Union to the Union President for distribution by the Union President. New employees shall be supplied with a copy of the Agreement at the time of hire. Any additional copies of this Agreement must be furnished at the expense of the party desiring them.

ARTICLE III **MANAGEMENT RIGHTS**

Section 3.0

The direction of the working forces, including the right to hire, promote, demote, discipline and terminate employees for just cause and to determine and make changes in job content, in the frequency and standards of inspections and in the size of the workforce, to establish, distribute, modify and enforce reasonable rules of employee conduct and employee manuals of operating procedures and safety regulations and to investigate all matters relating to Town operations, citizens relations, employee conduct and the right to layoff employees because of lack of work or other legitimate reasons are rights exclusively vested in the Town.

Section 3.1

The Town retains the right to control, determine and change the manner and extent to which the Town's facilities and properties shall be located, operated, increased, decreased, or discontinued and to introduce and change and operate new or improved methods and procedures, to vary the work load due to better methods; to set the standards of quality and quantity of work.

Section 3.2

The Town has the right to enforce rules and regulations now in effect, including safety rules, and can issue new rules and regulations, provided such rules and regulations are not arbitrary and capricious and a copy of such rules and regulations will be given to the Union and the employees.

ARTICLE IV

PROBATIONARY PERIOD

Section 4.0

All new employees shall be considered probationary during the first six (6) calendar months of employment. During this probationary period, the employee shall not obtain seniority rights, but shall be subject to all other provisions of this Agreement, except as specifically stated herein, and such probationary period employee will be subject to discipline/discharge by the Town without recourse or access to the grievance/ arbitration provisions of this Agreement, as long as the discipline/discharge is not done in an arbitrary or capricious manner. Upon successful completion of their probationary period an individual employee's seniority shall be retroactive as of the commencement of his/her employment.

ARTICLE V

HOURS OF WORK AND OVERTIME

Section 5.0

The basic work week for full time permanent employees in the bargaining unit shall be a uniform thirty-five (35) or forty (40) hours per week depending upon the classification the employee is in with a standard work week of Monday to Friday. Department Heads shall normally work the schedule of their respective departments, but shall work any additional hours required, as directed by the Town Administrator.

Section 5.1

The basic work day for employees on a thirty-five (35) hour schedule shall be seven (7) hours and one (1) hour for lunch. The basic work day for employees on a forty (40) hour schedule shall be eight (8) hours and one-half (1/2) hour for lunch. All employees are entitled to a ten (10) minute rest period during each half of the daily schedule as time actually worked, which may be combined into one (1) twenty (20) minute period, with the approval of the employee's immediate supervisor.

These schedules shall not be deemed a guaranty by the Town nor in any way restrict the Town from scheduling or making changes in the schedule or starting time. In the event the Town desires to make such changes from the present schedule, it shall negotiate with the Union a minimum thirty (30) days prior to such change.

New employees hired after July 1, 2012 in the IT department may have normal hours/days of work changed.

Section 5.2- Overtime

Employees will be required to work overtime when requested, however, the Town shall make reasonable efforts to notify employees of the need for overtime in advance. Non-exempt employees (hourly) will be paid straight time for the first five (5) hours worked beyond thirty-five (35) hours, time and one-half (1-1/2) for those hours worked in excess of forty (40) hours in any one (1) work week, or for all hours worked in excess of eight (8) hours in one (1) day. In addition, these employees will be paid time and one half (1-1/2) for all work performed on Saturday and double (2) time for all work performed on Sunday and holidays.

Any non-exempt employee whose days of work deviate from the normal Monday through Friday, shall be paid time and one half (1-1/2) for all work performed on their first day off of the week and double (2) time for all work performed on their second day off of the week and holidays.

Exempt employees (salaried) will receive one (1) hour off for each hour worked over the normal work schedule to a maximum of ten (10) days, provided such work is authorized by the Town Administrator or his/her designee. Compensatory time shall be taken at the mutual convenience of the employee and his/her immediate supervisor. Compensatory time off shall accumulate to a maximum of ten (10) days in any one fiscal year. Failure to use accumulated compensatory time by June 30 of the current fiscal year will result in forfeiture of said time. Employees may use up to five (5) days of compensatory time at any one time, except that compensatory time may not be taken in conjunction with vacation leave. Failure to approve compensatory time within two (2) business days of the request will result in automatic approval of said request.

Section 5.3

When a non-exempt employee is called in for work outside his/her regularly scheduled working hours, he/she shall be paid a minimum of three (3) hours at the applicable rate.

ARTICLE VI **SENIORITY**

Section 6.0

The Town shall prepare a list of employees showing their seniority in length of service with the Town covered by this Agreement and deliver the same to the Union President at a mutually agreed upon date. Unless the Union files a grievance concerning the list within thirty (30) days of receipt of same, the list shall be presumed to be correct for all purposes of the Agreement. Upon completion of their probationary period, new employees shall be added to the list. Seniority for employees hired after signing this Agreement shall have seniority as defined as last date of hire for this bargaining unit for purposes of Articles 6.3 and 6.4.

Section 6.1

All vacancies and new positions may be posted both internally and externally (outside the bargaining unit) simultaneously. All applications shall be reviewed during the same period of time. The Mayor or his designee shall hire the best qualified candidate. If the Mayor or his designee determines that all factors considered for filling the vacancy or new position are equal between more than one candidate, the most current senior employee in the unit shall be given the position.

Section 6.2

All vacancies and new positions covered by this Agreement shall be posted for a minimum period of five (5) working days.

Copies of the job posting listing the person(s) bidding for the job shall be sent to the Union President at the end of the posting period. The Union President shall be notified in writing once an individual has been awarded a position in accordance with this Article.

Section 6.3

In the event of a layoff, the following procedure shall be followed:

- A. Temporary employees, doing bargaining unit work, will be laid off first followed by:
- B. Part time employees followed by:
- C. Probationary employees within classification followed by:
- D. Employees will be laid off based upon the seniority and skill and ability to perform the available work.

The Town shall give written notice to the Union President, and to all employees to be affected by a proposed layoff of the proposed layoff and the reasons therefore, at least fourteen (14) working days before the effective date thereof.

Section 6.4

Employees will lose seniority for the following reasons:

- A. Discharge for just cause;
- B. Resignation;
- C. Retirement;
- D. Voluntary quit;
- E. Layoff for more than eighteen (18) months;
- F. Failure to return to work from an authorized leave of absence;
- G. Failure to return to work within ten (10) working days of recall;
- H. Holding another job, without the Town Administrators written approval while on an authorized leave of absence. Any denial by the Town will not be subject to grievance/arbitration.
- I. Absent without authorized leave.

Section 6.5

Employees who have been laid off shall be entitled to be recalled by the Town for a period of eighteen (18) months starting with the date of the layoff. Laid off employees within classification with the most seniority shall be rehired first provided that he/she has the qualifications to perform the work available. No new employees shall be hired, until all laid off employees who are qualified for the work have been rehired. Ten (10) working days written notification by the Town to the last known address of the employee shall be sufficient notification.

Section 6.6

The President of the Union shall have super-seniority in the event of a layoff.

ARTICLE VII **HOLIDAYS**

Section 7.0

The following holidays will be observed with a day off with pay for all employees, including probationary period employees:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Presidents' Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Friday following Thanksgiving
Independence Day	Christmas Day

Section 7.1

In addition to Section 7.0, each employee shall individually observe one (1) floating holiday annually, such floating holiday to be mutually agreed upon by the employee and his/her immediate supervisor.

Section 7.2

When the holiday falls on a Saturday it will be observed on the preceding Friday. When the holiday falls on a Sunday it will be observed on the following Monday. The parties may mutually agree in writing to a different schedule.

Section 7.3

In order to be eligible for holiday pay, an employee must either work his/her last scheduled shift preceding the holiday and his/her first scheduled shift following the holiday or be on an authorized paid leave. Failure to meet these requirements will result in a forfeiture of the holiday pay.

Section 7.4

When a holiday occurs during an employee's vacation the holiday shall not be charged against an employee's vacation time. Whenever any of these holidays shall occur while an employee is on a formal paid leave of absence, the employee shall receive holiday pay for the day.

ARTICLE VIII

VACATIONS

Section 8.0

Each full-time employee, who has completed his/her probationary period covered by this Agreement, shall be entitled to the following vacation with pay at their current wages determined by the length of his/her continuous employment with the Town on the following basis:

LENGTH OF CONTINUOUS SERVICE

Upon completion of first year of service

2 years up to but not including 5 years

5 years up to but not including 12 years

12 years up to but not including 20 years

20 years and over

EARNED VACATION LEAVE

10 days (available for use in year 2)

12 days per year

15 days per year

20 days per year

25 days* per year

***Only applies to employees hired before July 1, 2009**

The employee's anniversary date will be used to determine the amount of vacation time due. An employee may not take vacation leave of less than one-half (1/2) his/her normal work day.

Section 8.1

Vacation Leave Carry Over: Employees may carry over a maximum number of 15 vacation days from one (1) anniversary year to the next:

Section 8.2

The Town's Department Heads will determine the annual vacation schedule for their respective departments, taking into consideration the desire of the employee, the needs of the department, and the best interests of the Town. Wherever possible, the request of the employee shall be granted. A conflict in scheduling vacation leave amongst employees will be resolved by the Department Head on the basis of seniority in Town service. Any employee who does not submit a vacation schedule, when requested to by the Department Head, shall forfeit any seniority claim for vacation priority.

Section 8.3

Pro-rata and accumulated vacation pay shall be paid to an employee at their then current wages in the event he/she terminates in good standing with the Town and/or retires from his/her service with the Town provided fourteen (14) days notice of such termination or retirement has given in writing to the Town.

Effective July 1, 2010, accumulated vacation pay shall not be paid to an employee in the event he/she terminates employment with the Town and/or retires from his/her service with the Town, unless management denies the employee's request to use his/her vacation time. Any carried over vacation time request that has been denied by management shall be paid to an employee at their then current wages in the event he/she terminates in good standing with the Town and/or retires from his/her service with the Town provided fourteen (14) days notice of such termination or retirement has given in writing to the Town.

In the event of the death of an employee, his/her pro-rata and accumulated vacation pay shall be paid at their then current wages to the beneficiary designated by said employee in writing and retained in his/her service folder. In the event said employee has failed to designate a beneficiary in writing prior to his/her death, the Town shall pay said pay to the spouse of the employee, if any, and if said spouse is not alive, to the children of said deceased employee. In the event no designation in writing is made, and the employee has neither a spouse nor children, the pay shall be given to the estate of the deceased employee.

Effective July 1, 2010, unused vacation leave, including accumulated vacation leave, paid at the time of retirement, death or termination will not be added to the employee's pension calculation when the employee leaves his/her employment with the Town.

ARTICLE IX

LEAVE PROVISIONS

Section 9.0

Effective July 1, 2009, sick leave allowance will be earned by each employee at current wages, at the rate of one (1) day for each full calendar month of service for a total of twelve (12) days during a calendar year. Each employee shall be notified of his/her accumulated sick leave, by letter, once a year until such accumulation is generated on the employees pay stub. Sick leave may be used in units of one-half (1/2) of one (1) working day.

Section 9.1

Sick leave earned in any month of service shall be available at any time during the subsequent months. Further, sick leave shall continue to accumulate during leave of absence with pay and during the time employees are on authorized sick leave or on vacation.

Section 9.2

The Town Administrator or designee may request a doctor's note with regard to any sick leave more than four (4) days in a row. An employee may use up to a maximum of four (4) days per year of accrued sick leave for illness for a member in his/her immediate family. Sick leave may be used for enforced quarantine in accordance with public health regulations. The employee shall report to their immediate supervisor or other designated person no later than one (1) hour after the beginning of his/her work assignment that he/she will be absent from work due to illness or injury, and the anticipated date of return. Except if he/she is physically unable to do so.

Section 9.3 – Sick Leave Accumulation and Payout

- A. **Accumulation of Sick Leave.** All unused sick leave may be accumulated beyond one hundred eighty (180) days for employees hired prior to April 3, 1998.

Effective January 1, 2010, employees hired prior to April 3, 1998 who have more than one hundred eighty (180) sick leave days shall be capped at their then current sick leave accumulation and shall not be allowed to earn more sick leave than their July 1, 2009 amount listed in Appendix A-1. Sick days accumulated beyond one hundred eighty (180) days may be used by

the employee for his/her own illness or injury but will not be paid for or become the basis of compensation when the employee leaves the employ of the Town of Vernon.

Effective January 1, 2010, employees hired prior to April 3, 1998, who do not have more than one hundred eighty (180) sick leave days shall continue to accumulate sick leave up to one hundred eighty (180) days (Employees listed in Appendix A-2).

- B. **Sick Leave Payout Upon Retirement.** Employees, upon retirement, shall be paid on the basis of his/her current wages, full compensation for any of his/her unused accumulated sick leave, to a maximum of one hundred eighty (180) days.

Effective July 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, shall continue to receive full compensation for any of his/her unused accumulated sick leave to a maximum of one hundred eighty (180) days payable at the applicable wage rate effective July 1, 2009. (Affected employees names and dates of hire shall be listed in Appendix A-3).

Effective July 1, 2010, any employee hired prior to April 3, 1998 who is not eligible for retirement under the Town of Vernon Retirement Plan upon signing, shall receive eighty percent (80%) compensation for any of his/her unused accumulated sick leave to a maximum of one hundred eighty (180) days payable at the current rate of pay at the date of retirement. (Affected employees names and dates of hire shall be listed in Appendix A-4).

- C. **Sick Leave Payout Upon Death.** In the event of his/her death, the employee's unused sick leave, up to a maximum of one hundred eighty (180) days, shall be paid at his/her current wages to the beneficiary designated by said employee in writing and retained in his/her personnel file. In the event said employee file does not have a beneficiary in writing prior to his/her death, the Town shall pay said money to the spouse, if any, if said spouse is not alive, to the child(ren) of said deceased employee. In the event no designation in writing is made and the employee has neither spouse or child(ren) the pay shall be given to the estate of the deceased employee.

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon death shall be paid for his/her unused accumulated sick leave, to a maximum of one hundred eighty (180) days payable at the applicable wage rate effective July 1, 2009. (Affected employees names and dates of hire listed in Appendix A-3).

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is not eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon death shall be paid for eighty percent (80%) of her/her unused accumulated sick leave, to a maximum of one hundred eighty (180) days payable at the current rate of pay at the time of death. (Affected employees names and dates of hire listed in Appendix A-4).

- D. **Sick Leave Payout Upon Termination In Good Standing.** Employees who terminate their employment with the Town in good standing shall be paid for fifty (50) percent of accumulated sick leave at his/her current wages not to exceed ninety (90) days.

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon termination in good standing, shall be paid for fifty percent (50%) of his/her unused accumulated sick leave, to a maximum of ninety (90) days payable at the applicable wage rate effective July 1, 2009. (Affected employees names and dates of hire shall be listed in Appendix A-3).

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is not eligible to retire under the Town of Vernon Retirement Plan upon signing, upon termination in good standing shall be paid eighty percent (80%) of his/her unused accumulated sick leave, to a maximum of ninety (90) days payable at the current rate of pay at the time of termination. (Affected employees names and dates of hire listed in Appendix A-4).

- E. **Sick Leave Accumulation and Payout for Employees Hired After April 3, 1998.** Any employee who is hired after April 3, 1998 may accumulate up to a maximum of ninety (90) sick days. Said employees will be paid for a maximum of thirty (30) days of accumulated sick leave at his/her current wages in the following circumstances: (1) Upon retirement; (2) Upon his/her death; (3) Upon separation of employment with the Town after seven (7) years of service in good standing.

Effective January 1, 2010, any employee who is hired after April 3, 1998 and before January 1, 2010 may accumulate up to a maximum of one hundred twenty (120) days of sick leave. Said employees will be paid for a maximum of thirty (30) days of sick leave at the applicable wage rate effective July 1, 2009 in the following circumstances: (1) Upon retirement; (2) Upon his/her death; (3) Upon separation of employment with the Town after seven (7) years of service in good standing.

- F. **Sick Leave Payout for Employees Hired After January 1, 2010.** New employees hired after January 1, 2010 shall receive one hundred and eighty dollars (\$180.00) for each unused sick day, up to a maximum of thirty (30) days upon death, retirement or termination after seven (7) years of employment in good standing with the Town.

Section 9.4 – Workers' Compensation & Sick Leave

Any employee out on Workers' Compensation, as distinguished from sick leave, shall mean paid leave to an employee due to an absence from duty caused by an accident or injury that occurred while the employee was engaged in the performance of his/her duties. An employee who is eligible for Workers' Compensation under the Workers' Compensation Act shall have their workers' compensation pay supplemented by the Town to one hundred percent (100%) of the employee's regular wages, not to exceed his/her regular wages, for a period not to exceed three (3) months. If an employee is still out on Workers' Compensation after the three (3) month period, the employee may, at his/her discretion, use his/her accumulated sick leave to supplement Workers' Compensation benefits up to one hundred percent (100%) of his/her regular wages.

Section 9.5- Military Leave

The Town shall comply with all applicable federal and state law with regard to military leave.

Section 9.6- Union Leave

Two (2) members of the bargaining unit shall be allowed to attend official Union convention or conference without loss of pay for up to a maximum of six (6) days total per year. In all cases, requests to use such Union leave must be given to the Town at least fifteen (15) working days in advance of the convention and/or conference. Permission to attend such conferences or conventions will not be unreasonably withheld.

Section 9.7- Leave of Absence without pay

The Town may, at its discretion, grant an employee a leave of absence, without pay, for legitimate reasons, provided, however no such leave shall be granted for the purposes of engaging in other employment, unless approved by the Town Administrator in writing. The Town after consultation with the employee's supervisor, shall make the decision on whether or not to grant the requested leave of absence. Such decision will not be subject to the grievance/arbitration provisions of this Agreement, provided it is not arbitrary and/or capricious. Any accumulated sick leave or carried over vacation leave unused prior to such leave of absence shall be retained to the employee's credit upon return. No benefits, including but not limited to sick leave, vacation leave or earned time are accrued during an unpaid leave of absence.

Section 9.8- Bereavement Leave

Four (4) days bereavement leave with pay shall be granted, for all employees, for death in the immediate family of an employee, or the immediate family of his/her spouse. Immediate family, for purposes of this Section, is defined as parents, grandparents, spouse, brother, sister, child or grandchild and also any relation or person designated as a beneficiary of life insurance or retirement plan death benefits who is domiciled in the employee's household.

Section 9.9- Personal Days

Employees whose normal work week is thirty five (35) hours or more are entitled to three (3) personal days with pay each fiscal year to attend to personal business which cannot be conducted outside the normal work week. Requests for a personal day shall be approved by the employee's immediate supervisor and submitted to the Town Administrator and be made at least twenty four (24) hours in advance of the scheduled day of leave. Personal days may not be accrued.

Section 9.10- Professional Days

The Town Administrator or designee may authorize a professional leave with pay to employees to attend conferences or take courses of study which will contribute to the employee's ability to serve the Town. The Town Administrator's decision will be final and no grievances/arbitration may arise under this section.

Section 9.11- Federal Family Medical Leave

The Town will comply with applicable provisions of the Federal Family and Medical Leave Act (FMLA). Any employee who takes leave under FMLA must have the approval of the Town Administrator and is required to substitute and use all accrued paid leave as all or part of their leave taken under the FMLA. The limitations set forth in Section 9.2 of this Agreement shall not be applicable for purposes of paid leave in accordance with this Section.

Section 9.12- Disability Plan

Effective 1/1/98, the Town will put into effect a long term disability policy for all employees hired after April 3, 1998 at no cost to the employee. The coverage shall be in accordance with the Group Certificate policy Number GLT-24495 from the Hartford Life and Accident Insurance Company dated November 1, 1998 with the modification to the eligible class of employees to include Local 818 Professional of Council 4, AFSCME member and a waiting period of ninety (90) days.

ARTICLE X **GRIEVANCE PROCEDURE**

Section 10.0

A grievance is a dispute and/or disagreement which arises under this Agreement between an employee and the Employer. Any grievance filed must state the section and paragraph of the contract alleged to be violated.

Step 1: Within ten (10) working days, after the employee knew or should have known of the cause of the grievance an employee having a grievance and/or his Union Steward shall in writing take it up with the Town Administrator. The Town Administrator shall, within ten (10) working days of receipt of the grievance, meet with the employee and/or Union Steward to review the facts. The Town Administrator shall provide a written answer to the employee and/or his Union steward within seven (7) working days after the presentation of the grievance.

Section 10.1

All time limits refers to work days in this Article. Any disposition of a grievance from which no appeal is taken within the time limits specified herein, will be deemed resolved and shall not thereafter be considered subject to the grievance and arbitration provision of this Agreement. All time limits in the grievance and arbitration process may be extended by written mutual agreement of the parties.

Section 10.2

Officers and/or stewards of the Union shall be designated by the Union for the purposes of adjusting grievances and shall be afforded no more than two (2) hours per week without loss of pay to conduct such business. A maximum of one officer and one steward will be allowed, at one time, to attend a meeting with the grievant for adjusting grievances. No more than three (3) members of the bargaining unit shall participate in contract negotiations without loss of pay.

ARTICLE XI **ARBITRATION**

Section 11.0

In the event any grievance has not been settled through the foregoing grievance procedure, the Union and/or Town have the right to submit the grievance to the State Board of Mediation and Arbitration. Such request for arbitration must be received by the State Board of Mediation and Arbitration within twenty (20) working days from receipt of the decision from Step 1 of the grievance procedure. A copy of such request for arbitration shall be sent by certified mail to the Town and/or the Union as the case may be. The decision rendered by the arbitrator or arbitrators shall be final and binding upon all parties as provided by law. The arbitrator(s) shall be bound by and shall apply only the terms of this Agreement and shall not add to, delete from or modify this Agreement in any way. The arbitrator's decision shall be in writing and in accordance with the rules and regulations of the State Board of Mediation and Arbitration. The arbitrator(s) shall arbitrate only one (1) grievance at a time unless otherwise agreed.

Section 11.1

In any arbitration involving a discharge, the Town, at its discretion, may require that the grievance be submitted to the American Arbitration Association. If a discharge case is submitted to the American Arbitration Association, the Town agrees to pay all arbitration fees and its own representation fees. The Union will only pay for its representation fees.

Section 11.2

The arbitrator shall have no power to modify, add to, amend or delete any of the terms or provisions of this Agreement. The arbitrator shall not be entitled to substitute his/her judgment for that of the Town and be limited to the expressed terms of this Agreement.

Section 11.3

The arbitrator shall be limited to deciding the specific issue placed before him/her and the specific language alleged to be misapplied or misinterpreted.

The decision of the arbitrator shall be binding on the Town, Union and aggrieved employee or employees. Expenses for arbitration shall be borne equally by the Town and the Union for the Connecticut State Board of Mediation and Arbitration.

ARTICLE XII **DISCIPLINE AND DISCHARGE**

Section 12.0

Discipline, including discharge, shall be for just cause only.

Any employee who is being questioned concerning an incident or action which the employee reasonably believes may subject him/her to disciplinary action has the right upon his/her request to have a member of the Union present.

Section 12.1

Under normal circumstances the Town will generally follow a progressive disciplinary procedure. Such procedure shall include three (3) steps: written warnings suspension and discharge. The parties, however, recognize that not all discipline can be progressive in nature and whether or not progressive discipline is to be followed by the Town depends upon the nature of the events for which discipline is being imposed.

Copies of all actions taken under this Article shall be given to the Union President.

ARTICLE XIII **JURY DUTY**

Section 13.0

Any regular employee shall be granted a leave of absence with pay for required jury duty. The employee shall continue to receive his/her regular pay, but shall submit to the Town any jury fees, except travel and/or meal allowance. The employee shall give to the Town Administrator a certified record of jury attendance form the Clerk of Court.

ARTICLE XIV **NO DISCRIMINATION**

Section 14.0

The parties agree that they will not discriminate against any employee because of his/her race, color, religion, sex, national origin, disability or age. The parties further agree that there will be no discrimination because of an employee's membership in the Union.

ARTICLE XV **TOWN VEHICLES**

Section 15.0

If an employee is supplied with a Town vehicle, and such vehicle is allowed to be taken home at night, on weekends, holidays and other such appropriate occasions; this vehicle is to be used for transportation to and from work and for other job related duties outside the employee's normal working hours. The Town will comply with all applicable Internal Revenue Service Rules and Regulations by crediting personal use as income. Any paid leave in accordance with this Collective Bargaining Agreement will be subtracted from this calculation.

Employees who use their own vehicle to do Town business shall be reimbursed at the applicable IRS mileage rate of reimbursement.

ARTICLE XVI **EVALUATIONS**

Section 16.0

The Town Administrator or his/her designee shall annually conduct a performance evaluation and will develop a set of mutual expectations with the Employee. That set of mutual expectations, in addition to the criteria set forth in the Town of Vernon Performance Evaluation Form (attached hereto as Appendix B), will be used as the basis for the following year performance evaluation.

ARTICLE XVII **NO STRIKE/ NO LOCKOUT**

Section 17.0

The Union agrees that all employees included in this Agreement will not collectively, concertedly or individually engage in or participate, directly or indirectly, in any strike, sympathy strike, a picket during normal Town business hours, slowdown or work stoppage during the term of this Agreement. The Union further agrees that it shall make every effort to prevent such activities on the part of any employees covered by this Agreement and if any employee engages in such conduct they shall be subject to immediate discipline up to and including discharge.

The Town agrees that there will be no lockout of any employee or employees during the life of this Agreement.

ARTICLE XVIII **INSURANCE**

Section 18.0

All plans shall include Dental Care (currently Anthem Blue Cross Blue Shield Full Service Indemnity Plan).

HDHP/HSA

Effective as soon as the plan can be established and the deductible funded by the Town, employees under the age of sixty-five (65) shall be provided a HDHP (High Deductible Health Plan) and HSA (Health Savings Account) through Connecticare, with the following and deductibles (full summary listed in Appendix C);

Annual Single Deductible \$2,000

Annual Family Deductible \$4,000

Annual Out-of-Pocket Maximum Single Deductible \$2,500

Annual Out-of-Pocket Maximum Family Deductible \$5,000

RX Co-pay after applicable deductible: Prescriptions - Retail up to 34 days, Tier I (generic), \$7 copayment; Tier II (listed brand), \$15 copayment; Tier III (non-listed brand), \$35 copayment and Mail Order up to 100 days: Tier I (generic), \$14 copayment; Tier II (listed brand), \$30 copayment; Tier III (non-listed brand), \$70 copayment, with no cap, in accordance with Appendix D, entitled Managed Prescription Program 3-Tier.

Employees shall only pay the RX co-pay after their applicable deductible is reached. When an employee reaches the Annual Out-of-Pocket Maximum Deductible listed above, the employee shall not have a RX co-pay.

The Town shall contribute the following percentages of the applicable deductible to each employees Health Savings Account;

Contract Year	Percentage of Applicable Deductible
Effective When Established	80%
July 1, 2013	70%
July 1, 2014	60 %
July 1, 2015 and each July thereafter	50%

HMO

The Town will provide the Town HMO (currently Connecticare / Maxor ~~Medeo~~ plan) for employees who are sixty-five (65) years of age or older, and employees purchasing insurance through the Town according to Section 18.7. The co-share for the Town HMO shall be ten percent (10%) of the applicable premium.

The HMO Plan will include the following co-payments:

HMO open access plan

Office visit preventative \$10

Office visit \$10

Inpatient \$200

Emergency \$50 waived if admitted

Outpatient Surgery \$50

Dependent Rider 19/23

Prescriptions - Retail up to 34 days and Mail Order up to 100 days: \$5 generic, \$25 Listed Brand Name, \$40

Non-Listed Brand Name, with no cap, in accordance with Appendix D, entitled Managed Prescription Program 3-Tier, implemented as soon as administratively possible.

PPO

The PPO will not be offered as a health insurance option.

The Town may change carriers provided the level of benefits and administration of the plan is no lesser than the current insurance benefits. Prior to making the change the Town shall notify the Union so the changes can be reviewed prior to implementation. In the event that insurance carrier providing the benefits is no longer in business or has been merged or been acquired by another insurance carrier, the Town and Union shall meet to discuss alternative coverage. Such cost shall not exceed the cost of the previous insurance plan provided to the employees.

Annually, the Town shall notify the Union President, in writing, the premium costs of the plans or whenever there is an increase or decrease in the premium cost.

Employees shall contribute to a Section 125 IRS Plan the following premium share amounts, of the applicable premium rate, effective in listed year:

Year	Town HDHP/HSA	Town HMO for employees age 65 or older
Effective When Established	2%	10%
July 1, 2013-June 30 2014	5%	10%
July 1, 2014-June 30 2015	9%	10 %
July 1, 2015-June 30 2016	10%	10%

Annually, the Town shall notify each employee, in writing, the total cost of the plan they have chosen or whenever there is an increase or decrease in the premium cost.

Section 18.1

During the open enrollment period, an employee may voluntarily elect to waive, in writing, the coverage specified in Section 18.0, and shall receive an annual payment of:

- A. One thousand fifty dollars (\$1,050.00) for waiving single coverage
- B. One thousand six hundred dollars (\$1,600.00) for waiving two person coverage
- C. Two thousand two hundred dollars (\$2,200.00) for waiving family coverage

Fifty percent (50.0%) of the annual payment will be made in the first pay period in October and the other fifty percent (50.0%) will be made in the first pay period in April of each year.

Employees who waive their right to coverage and subsequently lose coverage may re-enroll as soon as possible, but not later than the first of the second month following the month in which application has been made by the employee to the Town, provided the employee shall reimburse the Town any stipend paid on a pro-rata basis.

This waiver will not be available for employees who have health insurance paid by the Town of Vernon or Vernon Board of Education through their spouse or any other family member.

Section 18.2

The Town shall provide and pay for life insurance in the amount of \$50,000 and \$100,000 accidental death and dismemberment.

Section 18.3

In order for an employee to be eligible to participate in the insurance plans, employee must work a minimum of twenty (20) hours per week.

Section 18.4

The Town reserves the right to change insurance carriers provided that the benefits and terms are equal to or better than those provided for in Article 18 of this Agreement.

Section 18.5

The Town will maintain an Employee Assistance Program (EAP) to all employees covered by this Agreement.

Section 18.6

An open enrollment period shall be provided annually for a two-week period prior to July 1, of each year for purposes of choosing health insurance coverages.

Section 18.7

An employee who separates from service and meets the requirements for retirement as defined by the provisions of the Town of Vernon Pension Plan may continue to participate in the group insurance coverages specified in Article 18, for himself/herself and his/her eligible dependents with the employee paying the full cost of said coverages, provided they continue to pay the monthly premium. Spouses of deceased retirees shall be able to continue coverage under this provision, provided they continue to pay the monthly premium to the Town. Upon the employee attaining eligibility for Medicare, the employee and his/her dependents will no longer be eligible for coverage under the Town coverages.

ARTICLE XIX PENSION

Section 19.0

The employee pension plan of the Town of Vernon (*currently Prudential Retirement Services, Contract # 16490*) is hereby made a part of this Agreement including any plan amendments made by this Agreement for the members of Local 818, Professionals, American Federation of State, County and Municipal Employees, and excludes any plan amendments made by or on the behalf of any other employee group.

Section 19.1

The current pension plan shall be modified as follows, with all other provisions remaining as they are as of July 1, 2009:

- A. Article IV, Section I C - Normal Retirement:
Effective 6/30/2000 - Age 62 and ten (10) years of service;
- B. Article V, Section 1B

Effective July 1, 2007, the monthly benefit shall be two point two percent (2.20%) of the average monthly earnings times the years of service to a maximum of thirty-five (35) years with a maximum of seventy percent (70%) of FAE as defined in the Pension Plan, upon retirement.

C. Article III, Section 3 F

Effective and retroactive to July 1, 2009 employees contributions shall be set at seven point five percent (7.5%) of wages and shall be through a 414h2 pre-tax plan of the Internal Revenue Service.

D. Article VII, Section 3

Vested Benefits shall be as follows with no minimum age:

6 years of service	20.0%
7 years of service	40.0%
8 years of service	60.0%
9 years of service	80.0%
10 years of service	100.0%

E. No employee hired prior to January 1, 2010 may participate in the Defined Compensation Plan set forth in Section 19.2.

F. At any time, should employees in this bargaining unit subject to the Pension Plan represent less than a majority of the bargaining unit, such employees will be permitted to maintain their Pension Plan benefits as listed in this Article, throughout their employment with the Town of Vernon.

Section 19.2

A. Employees who become members of the bargaining unit subsequent to January 1, 2010 are not eligible for the defined benefit pension plan set forth in Section 19.1. Such employees will be automatically enrolled in the Town's defined contribution plan (*The Town plans to administer the defined contribution plan through a 457(b) plan*), provided employees will have the option to opt-out of the plan. The Town will contribute 2% of the employee's base wages for all employees who elect to participate in such defined contribution plan. If an employee contributes 7.5% or more of his or her wages to such defined contribution plan, the Town will contribute an additional 2% for a total contribution of 4% of the employee's annual base wages to the plan. The Town will establish such defined contribution plan as soon as administratively possible.

Vested Town contributions for the employee shall be as follows with no minimum age:

6 years of service	20.0%
7 years of service	40.0%
8 years of service	60.0%
9 years of service	80.0%
10 years of service	100.0%

- B. This change shall not affect any employee who is in the employ of the Town of Vernon prior to the signing of this Agreement from participating in the Town of Vernon Pension Plan program upon transfer to this bargaining unit.

ARTICLE XX

WAGES

Section 20.1

The Town will increase all bargaining unit wages in the following amounts on the following dates:

- A. Effective and retroactive July 1, 2012, bargaining unit members and bargaining unit positions will receive a (1%) wage increase to wages as of June 30th, 2012.
- B. Effective July 1, 2013, bargaining unit members and bargaining unit positions will receive a (1.5%) wage increase to wages as of June 30th, 2013.
- C. Effective July 1, 2014, bargaining unit members and bargaining unit positions will receive a (2%) wage increase to wages as of June 30th, 2014.
- D. Effective July 1, 2015, bargaining unit members and bargaining unit positions will receive a (2%) wage increase to wages as of June 30th, 2015.

Effective upon signing, current bargaining unit employees shall receive a five hundred dollar (\$500) signing bonus, in a separate check, which shall not become part of their normal salary.

The new salary schedules reflecting these annual increases and effective dates for the exempt and non-exempt employees are set forth in Appendix E (Exempt Employees and Non-Exempt Employees). The 2012-2013 salary ranges are retroactive to July 1, 2012.

Section 20.2

Employees required to work temporarily in a higher paying position for thirty (30) consecutive work days or more shall be placed on the salary schedule for that position which results in a minimum increase of two point five (2.5%) percent to the employees rate of pay. This rate shall be applicable after the employee has worked in the position for thirty (30) consecutive work days and shall be retroactive to the first day of said assignment.

Section 20.3

Bargaining unit employees accepting a promotion to a position in a higher paying grade will be placed on the salary schedule for said position which results in a minimum increase of two point five (2.5%) percent increase to the employee's rate of pay.

Section 20.4

The Town agrees to annually review employees for step increases according to the mutual expectations agreed to between the employee and the Town Administrator or his/her designee and the criteria set forth in Town of

Vernon Performance Evaluation Form for Supervisors by December 15th of each year. Upon receipt of an average satisfactory evaluation, an employee will receive a step increase effective the following January 1 of each year. Such evaluations are only subject to the grievance procedures of this Contract when there is a denial of a step increase. The parties acknowledge that a denial of a step increase can be reversed only if it is determined to be arbitrary and/or capricious.

Section 20.5

Bargaining unit employees may, through the Union, approach the Town Administrator to review and discuss current job duties and current pay grade and pay step. Any adjustment to their current pay based on these discussions may be made by mutual agreement of the Town, the Union and the employee. Nothing in this provision shall be subject to the grievance or arbitration procedure of this collective bargaining agreement.

Section 20.6 – Performance Bonus

Employees who are at the top step in their classification shall receive a performance pay bonus based on their overall evaluation when other employees in this unit normally receive a step.

An overall evaluation rating of average satisfactory (3-3.99), shall receive a one-half percent (1/2%) performance pay bonus.

An overall evaluation rating of superior/above average satisfactory (4-4.99), shall receive a one percent (1%) performance pay bonus.

An overall evaluation rating of outstanding satisfactory (5 or better), shall receive a one and one-half percent (1.5%) performance pay bonus.

Merit pay bonus shall be based on the receiving employee's then current annual salary and shall not be considered part of their base salary. Such performance pay bonus shall be awarded in December.

ARTICLE XXI **PAYROLL**

Section 21.0

The Town reserves the right to change the payroll to bi-weekly. If the Town goes to a bi-weekly payroll period the Union will be given thirty (30) days notice by the Town.

The Town may institute a Time and Attendance electronic record.

ARTICLE XXII

SAFETY AND HEALTH

Section 22.0

The Town will provide free of charge to the employees, medical injections for the prevention and treatment of T/B yearly testing, tetanus, hepatitis, flu, diphtheria and poison ivy.

Clothing shall be supplied to all employees working in conditions exposed to severe elements, e.g., foul weather gear, boots and gloves.

Safety helmets shall be supplied for any employees working in hazardous locations and with hazardous equipment.

A stipend of one hundred dollars (\$100.00) shall be provided by the Town for all bargaining unit employees in the following positions: Park/Recreation, Engineering Department, Building Inspector, Town Planner, Planning Specialist. The WPCA Assistant Director and Park Maintenance Supervisor shall have a stipend of two hundred dollars (\$200.00) which shall be utilized toward the purchase of safety shoes and/or clothing. These stipends shall be payable by the first period of August of each year of this Agreement. All employees covered by the above stipend will wear their appropriate shoes and/or clothing when required.

All employees shall be entitled to a safe and healthy work place.

Section 22.1

A joint Safety Committee shall be formed by the Town and the Union. Said Committee shall meet every four (4) months to review and recommend safety and health conditions of all departments. Parties shall be equally represented on this Committee.

ARTICLE XXIII

TRAINING

Section 23.0

In its discretion, the Town may provide release time and reimbursement for employees for course/seminars which are job related. In order to receive release time and/or reimbursement under this Section, an employee must receive prior written approval from the Town Administrator or his/her designee.

ARTICLE XXIV

SAVINGS CLAUSE

Section 24.0

If any section, sentence, clause or phrase of this Agreement shall be held for any reasons to be inoperative, void or invalid by a court of final jurisdiction, the validity of the remaining portions of this Agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof or provisions therein shall become inoperative or fail by reason on the invalidity of any other portion or provision,

and the parties do hereby declare that they would have severally approved of and adopted the provisions contained herein separately and apart from the other. The parties agree to immediately negotiate a substitute for the invalidated Article, Section, sentence, clause or phase.

ARTICLE XXV
TUITION AND FEE REIMBURSEMENT

Section 25.0

Any employee taking college, technical and/or university course(s) which, on the recommendation of the Department Head and approval of the Town Administrator or designee, directly relates to the assignments of the employee shall receive a maximum of \$1,000.00 per semester per employee reimbursement provided the employee receives a 3.0 grade point average or a grade of "B" or better in approved undergraduate courses or that employee receives a 3.0 grade point average, a letter of "B" or better in approved graduate courses, or a passing mark if no letter grade is utilized. The Town shall set aside the following amounts to fund this Article for the members of the Union:

July 1, 2009 to June 30, 2010	\$3,000
July 1, 2010 to June 30, 2011	\$3,000
July 1, 2011 to June 30, 2012	\$3,000
Good until expiration	\$3,000

No Town funds will be expended in excess of these agreed upon amounts to reimburse employees for tuition and fees. All monies not used by the end of the contract year will automatically revert back to the general funds of the Town.

The grievance/arbitration procedures will not be applicable to this Section.

ARTICLE XXVI
DURATION

Section 26.0

This Agreement will become effective upon its signing and shall remain in effect through **June 30, 2016**, and from fiscal year to fiscal year thereafter unless either party notifies the other by registered or certified mail, return receipt requested no later than one hundred twenty (120) days before the expiration of the Agreement they wish to negotiate a new Agreement.

Upon receipt of such notice, the parties shall meet as soon as possible to negotiate such changes.

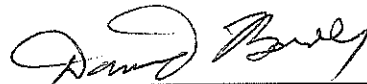
IN WITNESS WHEREOF, the Town and the Union have caused this Agreement to be signed by their duly authorized representative on the day and year noted below.


Signed this 11 day of March, 2013 at Vernon, Connecticut.

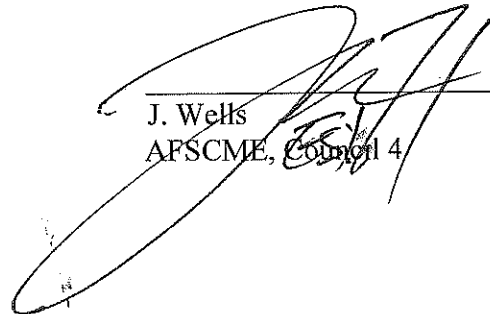
For the Town of Vernon


George Apel
Mayor

For the Union


Dave Bower
Local 818 Union President


John Ward
Town Administrator


J. Wells
AFSCME, Council 4

APPENDIX A

List of Professionals Under Article IX, Section 9.3:

Sick Leave Accumulation & Payout

A-1 - Professionals hired prior to 4/3/98 w/ over 180 sick days accrual at 7/1/09:

Sick leave accrual at 7/1/09:

Bruce Dinnie	249.25
Stephen Krajewski	387.00
David Gooch	255.00
Alan Slobodien	193.25
Frank Zitkus	263.00

A-2 - Professionals hired prior to 4/3/98 w/ less than 180 sick days accrual at 7/1/09:

Sick leave accrual at 7/1/09:

David Bower	128.25
Oswaldo Ramos	140.50

A-3 - Professionals hired prior to 4/3/98 eligible for retirement (age 62 + 10 years of service) or early retirement (age 52 + 10 years of service) at contract signing:

	DOH	DOB	Daily Rate
David Bower (early)	03/27/95	03/20/54	228.96
Bruce Dinnie (early)	10/09/85	02/21/53	333.83
Stephen Krajewski (early)	07/06/77	06/14/55	295.47
David Gooch (early)	08/14/89	09/26/54	261.52
Alan Slobodien (early)	01/09/95	06/09/50	295.47

A-4 Professionals hired prior to 4/3/98 not eligible for retirement at contract signing:

	DOH	DOB
Oswaldo Ramos	08/26/97	07/29/71
Frank Zitkus	08/01/89	04/24/64

PERFORMANCE REVIEW - EXEMPT PERSONNEL

EMPLOYEE NAME:	DEPARTMENT:
POSITION TITLE:	REVIEW DATE:
SUPERVISOR'S NAME:	DATE ASSIGNED TO POSITION:

Performance Evaluation (check one)

	<u>Outstanding</u> (5)	<u>Superior</u> <u>Above Ave.</u> (4)	<u>Average</u> <u>Satisfactory</u> (3)	<u>Below</u> <u>Average</u> (2)	<u>Unsatisfactory</u> (1)
EVALUATION FACTORS:					
<u>MAJOR RESPONSIBILITIES VS. ACCOMPLISHMENTS</u>	_____	_____	_____	_____	_____
<u>PLANNING AND ORGANIZING</u>	_____	_____	_____	_____	_____
<u>ANALYTICAL ABILITY</u> (Accurate, Logical)	_____	_____	_____	_____	_____
<u>DECISION MAKING</u> (Or Recommending)	_____	_____	_____	_____	_____
<u>COMMUNICATIONS</u> (Oral and written)	_____	_____	_____	_____	_____
<u>FOLLOW THROUGH</u> (To Completion)	_____	_____	_____	_____	_____
<u>WORKING WITH OTHERS</u> (Internal, External)	_____	_____	_____	_____	_____
<u>JUDGEMENT</u> (Sound Conclusions)	_____	_____	_____	_____	_____
<u>PERSONAL DRIVE</u> (Initiative)	_____	_____	_____	_____	_____
<u>RESOURCEFULNESS</u> (Creativity)	_____	_____	_____	_____	_____
SUPERVISORY FACTORS:					
<u>LEADERSHIP</u>	_____	_____	_____	_____	_____
<u>DELEGATING</u> (Assigning Duties)	_____	_____	_____	_____	_____
<u>MAINTAINING MORALE</u> (Inspiring Others)	_____	_____	_____	_____	_____
<u>DEVELOP SUBORDINATE</u> (Encourage Promotion)	_____	_____	_____	_____	_____
OVERALL PERFORMANCE RATING (AVE.)	_____	_____	_____	_____	_____

PERFORMANCE REVIEW - NON-EXEMPT PERSONNEL

EVALUATION RATING DEFINITIONS:

- | | |
|----------------------|---|
| (5) Outstanding - | Consistently exceeds standards for the position, exceptional. |
| (4) Superior - | Consistently meets and frequently exceeds the standards. |
| (3) Average - | Meets and occasionally exceeds standards. |
| (2) Below Average - | Occasionally meets standards, could improve performance. |
| (1) Unsatisfactory - | Unable or unwilling to meet standards, action required. |

EVALUATION FACTORS:

Planning and Organizing	Develops and applies improved methods, thinks ahead, sets realistic goals, gets results, establishes work priorities, uses time effectively.
Analytical Ability	Analyzes needs accurately and logically, effectively identifies and solves problems.
Decision Making	Makes good decisions, recommends solutions.
Communications	Good self expression both orally and in writing, to supervisors, peers, subordinates and public.
Following Through	Completes assignments on schedule.
Working with others	Assists supervisors and cooperates with others both internally and externally.
Judgment	Ability to arrive at sound and logical conclusions, makes good decisions, consider all views, mature, objective, discreet.
Personal Drive	Own initiative, sets examples, conscientious.
Resourcefulness	Develops creative ideas, tries new methods, adjusts to change, flexible, versatility.
Leadership	Maintains acceptable quality standards, guides and motivates, inspires, confidence and teamwork, stimulates best efforts or subordinates.
Delegating	Assigns duties, delegates tasks appropriately, works through others.
Maintaining Morale	Inspires others, sets examples for subordinates, shows good attitude.
Developing Subordinates	Trains and prepares subordinates, encourages promotions.

AREAS TO BE STRENGTHENED:

PERFORMANCE PROGRESS - Since Last Evaluation: (Check One)

☐ Improved ☐ Little or No Change ☐ Regressed ☐ First Evaluation

EVALUATION REVIEWED BY:	
(Supervisor's Signature)	Date:
REVIEWED WITH EMPLOYEE BY:	
(Immediate Supervisor)	Date:
THIS EVALUATION HAS BEEN REVIEWED BY ME:	
(Employee's Signature)	Date:

PERFORMANCE REVIEW - NON-EXEMPT PERSONNEL

EMPLOYEE NAME:	DEPARTMENT:
POSITION TITLE:	REVIEW DATE:
SUPERVISOR'S NAME:	DATE ASSIGNED TO POSITION:

Performance Evaluation (check one)

	<u>Outstanding</u> (5)	<u>Superior</u> <u>Above Ave.</u> (4)	<u>Average</u> <u>Satisfactory</u> (3)	<u>Below</u> <u>Average</u> (2)	<u>Unsatisfactory</u> (1)
EVALUATION FACTORS:					
<u>MAJOR DUTIES VS.</u> <u>ACCOMPLISHMENTS</u>	_____	_____	_____	_____	_____
<u>JOB KNOWLEDGE</u> (Understanding duties)	_____	_____	_____	_____	_____
<u>INITIATIVE</u> (Self Starting)	_____	_____	_____	_____	_____
<u>ACCURACY &</u> <u>NEATNESS OF WORK</u>	_____	_____	_____	_____	_____
<u>DEPENDABILITY</u> (Conscientious, thoroughness)	_____	_____	_____	_____	_____
<u>PERSONAL QUALITIES</u> (Personality, integrity)	_____	_____	_____	_____	_____
<u>COMMUNICATIONS</u> (Oral and written)	_____	_____	_____	_____	_____
<u>ALERTNESS</u> (Grasp instructions, changes)	_____	_____	_____	_____	_____
<u>COOPERATION</u> (Working with others)	_____	_____	_____	_____	_____
<u>ATTENDANCE</u> (Absenteeism, tardiness)	_____	_____	_____	_____	_____
OVERALL PERFORMANCE RATING (AVE.)	_____	_____	_____	_____	_____

EVALUATION RATING DEFINITIONS:

- (5) Outstanding - Excels in all areas.
- (4) Superior - Excels in most areas.
- (3) Average - Meets requirements, occasionally excels.
- (2) Below Average - Occasionally meets standards, needs to improve.
- (1) Unsatisfactory - Poor performance, needs immediate improvement.

PERFORMANCE REVIEW - NON-EXEMPT PERSONNEL

AREAS TO BE STRENGTHENED:

EVALUATION FACTORS:

Job Knowledge	Understanding major aspects of job duties, completes work assignments on schedule, makes few errors, adequacy of skills and knowledge for doing the job.
Initiative	Self starting, act independently in self confident manner, sense of responsibility, earnestness in seeking ncreased responsibility.
Accuracy and Neatness	Quality of finished work, thoroughness, neatness.
Dependability	Conscientious, job done with minimum supervision, punctual, relied upon, completes assignments on time.
Personal Qualities	Personality, integrity, attitude.
Communications	Clear and concise oral and written communications, presents ideas persuasively, courteous, helpful.
Alertness	Grasp instructions and changes quickly.
Cooperation	Willingness to work with others harmoniously, accepts supervision, easy to work with.
Attendance	Faithful in coming to work daily and conforming to work hours (absenteeism and tardiness).

PERFORMANCE PROGRESS - Since Last Evaluation: (Check One)

___Improved___ Little or No Change ___Regressed ___First Evaluation

EVALUATION REVIEWED BY:	
(Supervisor's Signature)	Date:
REVIEWED WITH EMPLOYEE BY:	
(Immediate Supervisor)	Date:
THIS EVALUATION HAS BEEN REVIEWED BY ME:	
(Employee's Signature)	Date:



FlexPOS-CNT-HSA-2000I/4000F-05-Combined Open Access Contract Year Benefit Summary

Open Access High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA)

This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc Certificate of Coverage for more information. The Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All benefits described below are per Member per **Contract year**. All benefit limits/maximums are listed in the Plan pays column of this summary and have a combined maximum for In- and Out-of-Network services. A Referral from your Primary Care Provider is not required.

The Individual Deductible applies if you have coverage only for yourself and not for any Dependents. The Family Deductible applies if you have coverage for yourself and one or more Eligible Dependents. In addition, if you have family coverage, any applicable copayment, coinsurance or cost share maximums will apply until the total is met for the family, without regard to how much any one family member has met.

Personalized for: Town & BOE of Vernon - Vernon Town Union Employees

	IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible (Deductible is combined for In- and out-of-network health services and prescription drugs)	\$2,000 per Individual \$4,000 per Family		\$2,000 per Member \$4,000 per Family	
Coinsurance Maximum (Maximum does not include Deductibles)	None		\$2,000 per Member \$4,000 per Family	
Out-of-Pocket Maximum (Maximum includes Plan Deductible, Coinsurance Maximum for health services and prescription drug copayments)	\$2,500 per Individual \$5,000 per Family		\$4,000 per Member \$8,000 per Family	
Out-of-Network Reimbursement	Not Applicable		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
Lifetime Maximum Benefit	Unlimited		Unlimited	
PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Adult Physical Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Infant / Pediatric Physical Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Gynecological Preventive Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Preventive Laboratory Services (Complete blood count and Urinalysis)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Baseline Routine Mammography	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Annual Routine Mammography	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Annual Routine Vision Exam (one exam per year when provided by an Optometrist or Ophthalmologist)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Hearing Screenings (one exam every 24 months)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
OUTPATIENT SERVICES				
Primary Care Provider Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Gynecological Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Maternity Care Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Allergy Testing (Unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Laboratory Services (includes services performed in a Hospital or laboratory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Advanced Radiology (includes services for MRI, PET and CAT scan and nuclear cardiology performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Rehabilitative Therapy (includes services combined for physical, speech, and occupational therapy and chiropractic services) (Unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Retail Clinic	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
EMERGENCY / URGENT CARE				
Walk-In Centers	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit

EMERGENCY / URGENT CARE				
Emergency Room	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
Ambulance Services	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
HOSPITAL SERVICES				
Inpatient Hospital Services, Including Room & Board	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities	No Member cost after Plan Deductible up to the visit maximum; then no coverage	100% after Plan Deductible up to 120 days per year	20% after Plan Deductible up to the visit maximum; then no coverage	80% after Plan Deductible up to 120 days per year
MENTAL HEALTH SERVICES				
Inpatient Mental Health Services (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment (including office visits, professional services provided in the home and intensive outpatient treatment programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
OTHER SERVICES				
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies (No Member cost for wigs prescribed by an oncologist for a Member suffering hair loss as a result of chemotherapy or radiation therapy to a calendar year maximum of \$500)	No Member cost after Plan Deductible	20% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost after Plan Deductible	80% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

OTHER SERVICES				
Infertility (Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)	No Member cost after Plan Deductible (Office visit)	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
	No Member cost after Plan Deductible (Ambulatory Services Outpatient)			
	No Member cost after Plan Deductible (Inpatient Hospital)			
Nutritional Counseling (Limit 3 visits per year)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Home Health Services	No Member cost after Plan Deductible up to the visit maximum; then no coverage	100% after Plan Deductible up to 200 visits per year	20% after Plan Deductible up to the visit maximum; then no coverage	80% after Plan Deductible up to 200 visits per year
Important Information				
<ul style="list-style-type: none"> If you have questions regarding your Plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722. Many services require that you obtain our Pre-Certification or Pre-Authorization prior to obtaining care prescribed or rendered by Non-Participating providers. A Benefit Reduction will apply if you do not obtain Pre-Authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain Pre-Authorization. We track benefits internally and do not provide Members with a regular update of benefits that have been used. Members should keep a record of benefits they use to determine when they reached their benefit limit. Members will be responsible for paying in full any services rendered after the limit is reached. All benefit limits/maximums are combined for In-Network and Out-of-Network unless indicated otherwise. Out-of-Network cost shares are reimbursed at the Maximum Allowable Amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. If you are a Massachusetts resident, please refer to your <i>Amendatory Rider for Massachusetts Mandated Benefits</i> for additional details of your mandated benefits. If you are a Massachusetts resident, this plan along with Pharmacy services meets Massachusetts Minimum Creditable standards for 2012. Your Plan is Insured by ConnectiCare Insurance Company, Inc. 				

Benefits are Subject to Department of Insurance Approval



FlexPOS Copayment Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

This is a brief summary of your prescription drug benefits. Refer to your Prescription Drug Rider or consult with your benefits manager for more information. The Prescription Drug Rider and the Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All Benefits described below are per Member per **Contract year**.

Personalized for: Town & BOE of Vernon - Vernon Town Union Employees

PRESCRIPTION DRUGS				
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.				
	IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible (combined for In- and Out-of-Network prescription drug benefits)	\$2,000 Individual \$4,000 Family The Contract Year Deductible can be reached by any combination of covered Health Services or covered prescription drug services. If you have a Family coverage, then covered Health Service covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.		\$2,000 Individual \$4,000 Family The Contract Year Deductible can be reached by any combination of covered Health Services or covered prescription drug services. If you have a Family coverage, then covered Health Service covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.	
Out-of-Pocket Maximum (The Maximum includes the Plan Deductible, Coinsurance Maximum for health services and prescription drug copayments)	\$2,500 Individual \$5,000 Family		\$4,000 Individual \$8,000 Family	
Out-of-Network Reimbursement	Not Applicable		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
RETAIL PHARMACY (up to a 34-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$7 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible
Tier 2 drugs	\$15 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible
Tier 3 drugs	\$35 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible

MAIL ORDER PHARMACY (up to a 100-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$14 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit
Tier 2 drugs	\$30 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit
Tier 3 drugs	\$70 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit
Additional Information				
<ul style="list-style-type: none"> Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the Members Cost-Share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drugs or supplies clinical effectiveness and cost, not on whether it is a Generic Drug Or Supply or Brand Name Drug Or Supply. Generic Drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as Brand Name Drugs, but usually cost much less. So, ask your doctor or pharmacist if a Generic alternative is available for your prescription. Also, remember to use a Participating Pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722. Amounts paid by Members because they must pay a price difference for a Brand Name Drug do not count towards meeting any Deductible, Coinsurance, Copayment, or Pharmacy Coinsurance Maximum. Certain prescription drugs and supplies require Pre-Authorization from us before they will be covered under the Prescription Drug Rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires Pre-Authorization. Always remember to carry your ConnectiCare ID Card. If you are a Massachusetts resident, please refer to your Amendatory Rider for Massachusetts Mandated Benefits for additional details of your benefits. 				



FULL DENTAL PLAN

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

COVERED SERVICES INCLUDE:

- ☐ Oral Examinations 1/36 months
- ☐ Periapical and bitewing x-rays 1/Year
- ☐ Topical fluoride applications for members under age 19- 2/Year
- ☐ Prophylaxis, including cleaning, scaling and polishing – 2/Year
- ☐ Relining of dentures
- ☐ Repairs of broken removable dentures
- ☐ Palliative emergency treatment
- ☐ Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)*
- ☐ Simple extractions **
- ☐ Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

* Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

** Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

ACCESSING BENEFITS:

Participating Dentists Benefits

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating Dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

Non-Participating Dentists Benefits

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross Blue Shield Full Dental Plan. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

In addition to the services provided under your dental program, the following additional basic benefits are provided:

- ◆ Inlays (not part of bridge)
- ◆ Onlays (not part of bridge)
- ◆ Crown (not part of bridge)
- ◆ Space Maintainers
- ◆ Oral Surgery consisting of fracture and dislocation treatment, diagnosis and treatment of cyst and abscess, surgical extractions and impaction
- ◆ Apicoectomy

The dental services listed above are subject to the following qualifications:

We will pay for individual crowns, inlays and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by us.

We will not pay for a replacement provided less than five (5) years following a placement or replacement which was covered under this Rider. We will not pay for individual crowns, inlays or onlays to alter vertical dimension, for the purpose of precision attachment of dentures, or when they are splinted together for any reason.

If the member is not covered by Dental Amendatory Rider C (Prosthodontics) we will pay for the following types of crowns, inlays or onlays, but only when there is clinical evidence that amalgam or synthetic fillings would not be satisfactory for the retention of the tooth:

- ◆ One tooth on either side or two teeth on one side of a replacement for missing teeth, as part of a fixed bridge.
- ◆ No benefits will be provided for the tooth replacements.
- ◆ Space maintainers – payment will be made for devices to preserve space due to premature loss of primary teeth, but not for interceptive orthodontic devices. Payment will be made for up to two devices per member per lifetime.



DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as fully payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER B PROSTHODONTICS

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Denture, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

The dental services listed above are subject to the following qualifications:

Anthem Blue Cross & Blue Shield of Connecticut will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement, which is provided less than five years following a placement or replacement, which was covered under the contract. We also not pay for crowns splinted together for any reason.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentist Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



Visit our website at www.anthem.com

DENTAL AMENDATORY RIDER C PERIODONTICS

Periodontal services consisting of:

- ◆ Gingival curettage
- ◆ Gingivectomy and gingivoplasty
- ◆ Osseous surgery, including flap entry and closure
- ◆ Mucogingivoplastic surgery
- ◆ Management of acute infection and oral lesions

The maximum benefit we will provide for periodontal services per person per year is \$500.00.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in the Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider C. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER D ORTHODONTICS

The following Orthodontic services are provided:

Handicapping malocclusion for a member under age 19, consisting of the installation of orthodontic appliances and orthodontic treatments concerned with the reduction or elimination of an existing malocclusion through the correction of malposed teeth.

The maximum amount payable for orthodontic services is \$1000.00 per member per lifetime.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or sixty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



FlexPOS-CAL-10-10-0-200A-03 Open Access Calendar Year Benefit Summary

This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. The Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All benefits described below are per Member per **Calendar** year. All benefit limits/maximums are listed in the Plan pays column of this summary and have a combined maximum for In- and Out-of-Network services. A Referral from your Primary Care Provider is not required.

Personalized for: Town & BOE of Vernon - Vernon Town \$10

	IN-NETWORK		OUT-OF-NETWORK	
Calendar Year Plan Deductible	None		\$5,000 per Member \$15,000 per Family	
Coinsurance Maximum <i>(Maximum does not include Plan deductible or Benefit Deductible)</i>	None		\$10,000 per Member \$30,000 per Family	
Out-of-Pocket Maximum <i>(Maximum includes Plan Deductibles and Coinsurance Maximum only. Benefit Deductibles are not included)</i>	None		\$15,000 per Member \$45,000 per Family	
Out-of-Network Reimbursement	None		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
Lifetime Maximum Benefit	Unlimited		Unlimited	
PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Adult Physical Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Infant / Pediatric Physical Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Gynecological Preventive Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Preventive Laboratory Services (Complete blood count and Urinalysis)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Baseline Routine Mammography	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Annual Routine Mammography	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Annual Routine Vision Exam (one exam per year when provided by an Optometrist or Ophthalmologist)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Hearing Screenings (one exam every 24 months)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible

OUTPATIENT SERVICES				
Primary Care Provider Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Gynecological Office Services	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Maternity Care Office Services (Copayment for initial visit only)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Allergy Testing (Unlimited)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Laboratory Services (includes services performed in a Hospital or laboratory facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Advanced Radiology (includes services for MRI, PET and CAT scan and nuclear cardiology performed in a Hospital or radiology facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Outpatient Rehabilitative Therapy (includes services combined for physical, speech, and occupational therapy and chiropractic services) (Unlimited)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Retail Clinic	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
EMERGENCY / URGENT CARE				
Walk-In Centers	\$10 Copayment per visit	100% after Copayment	\$10 Copayment per visit	100% after Copayment
Urgent Care Centers	\$25 Copayment per visit	100% after Copayment	\$25 Copayment per visit	100% after Copayment
Emergency Room (Copayments waived if admitted)	\$50 Copayment per visit	100% after Copayment	\$50 Copayment per visit	100% after Copayment
Ambulance Services	No Member cost	100%	No Member cost	100%
HOSPITAL SERVICES				
Inpatient Hospital Services, Including Room & Board	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible

HOSPITAL SERVICES				
Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities	No Member cost up to the visit maximum; then no coverage	100% up to 120 days	50% after Plan Deductible up to the visit maximum; then no coverage	50% after Plan Deductible up to 120 days
MENTAL HEALTH SERVICES				
Inpatient Mental Health Services (including inpatient acute, residential and partial hospitalization programs)	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment (including inpatient acute, residential and partial hospitalization programs)	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment (including office visits, professional services provided in the home and intensive outpatient treatment programs)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
OTHER SERVICES				
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies (No Member cost for wigs prescribed by an oncologist for a Member suffering hair loss as a result of chemotherapy or radiation therapy to a calendar year maximum of \$350)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Infertility (Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)	\$10 Copayment per visit (Office visit) No Member cost (Ambulatory Services Outpatient) \$200 Copayment per admission (Inpatient Hospital)	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Nutritional Counseling (Limit 3 visits per year)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible

OTHER SERVICES				
Home Health Services	No Member cost up to the visit maximum; then no coverage	100% up to 200 visits per year	25% after \$50 Benefit Deductible up to the visit maximum; then no coverage	75% after \$50 Benefit Deductible up to 200 visits per year
Important Information				
<ul style="list-style-type: none"> • If you have questions regarding your Plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722. • Many services require that you obtain our Pre-Certification or Pre-Authorization prior to obtaining care prescribed or rendered by Non-Participating providers. A Benefit Reduction will apply if you do not obtain Pre-Authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. • For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain Pre-Authorization. • We track benefits internally and do not provide Members with a regular update of benefits that have been used. Members should keep a record of benefits they use to determine when they reached their benefit limit. Members will be responsible for paying in full any services rendered after the limit is reached. • All benefit limits/maximums are combined for In-Network and Out-of-Network unless indicated otherwise. • Out-of-Network cost shares are reimbursed at the Maximum Allowable Amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. • If you are a Massachusetts resident, please refer to your <i>Amendatory Rider for Massachusetts Mandated Benefits</i> for additional details of your mandated benefits. • If you are a Massachusetts resident, this plan along with Pharmacy services meets Massachusetts Minimum Creditable standards for 2012. • Your Plan is Insured by ConnectiCare Insurance Company, Inc. 				

Benefit are Subject to Department of Insurance Approval

APPENDIX D

Town of Vernon

Managed Prescription Program, 3-Tier

Benefits at a Glance

How to Use the 3-Tier Managed Prescription Program

The 3-Tier Managed Prescription Program (“Program”) has three (3) different levels (or “tiers”) of copayments, depending on the type of prescription drug you purchase (*see the chart below for details*). Your copayments will be lower when you use generic or brand-name medications that are on our list of preferred prescription drugs. The medications on this list are selected for their quality, safety and cost-effectiveness. You will still have coverage for brand-name drugs that are not on the list, but your copayment will be higher.

Talk to your provider about using generic drugs or listed brand-name drugs. It is a simple way to save out-of-pocket expenses.

Copayments and Day Supplies

- You will be responsible for **one (1) copayment** when purchasing up to **34 days supply** of any prescription drugs from a retail pharmacy.
- You’ll be responsible for **one (1) copayment** when purchasing up to **100 days supply** of maintenance prescription drugs through the mail-service program.

Generic Drugs Have the Lowest Copayment

Your HMO or PPO Copayment:

Type of Prescription Drug Covered		Any	Maintenance
Number of Allowed Refill Supply (subject to state and federal restrictions)		Retail < 34 Days	Mail > 31 Days < 100 Days
Tier 1: Generic drugs	The term “generic” refers to a prescription drug that is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand-name drug.	\$ 5	\$ 5
Tier 2: Listed brand-name drugs	The term “listed brand-name” refers to a brand-name prescription drug that is on the Program list of preferred prescription drugs.	\$ 25	\$ 25
Tier 3: Non-listed brand-name drugs	The term “non-listed brand-name” refers to a brand-name prescription drug that is not on the Program list of preferred prescription drugs.	\$ 40	\$ 40
Annual Maximum – HMO	Per member per calendar year-	Unlimited	
Annual Maximum – PPO	Per member per calendar year-	\$5,000	

APPENDIX D

Town of Vernon

Managed Prescription Program, 3-Tier

Benefits at a Glance

Generic Substitution

Prescriptions will be filled with the generic equivalent when there is one available. Generic equivalents contain the same active ingredients and subject to the same, rigid FDA standards for quality, strength and purity as their brand-name counterparts. The brand name of a medication is the product name under which it is advertised and sold. Using generic, "preferred" drugs helps control costs for you and your plan while still providing you with the medications you need to stay healthy.

Exception: If your doctor indicates "Dispense as Written," you will receive the brand-name drug, and you will be responsible for the applicable listed brand or non-listed brand copayment.

Note: If your doctor does *not* indicate "Dispense as Written," and you choose the brand drug, you will be responsible for the applicable listed brand or non-listed brand-name copayment as well as the difference in cost between the generic and listed brand or non-listed brand name drug.

Preferred Drug Step Therapy

The Program will offer and the employees will make every effort to use clinically interchangeable, generic drug alternatives in certain categories as a first line therapy before non-preferred drugs are used. Such categories of maintenance drugs include: ace inhibitors, beta blockers, NSAIDs, gastrointestinal, osteoporosis, sleep medication and intranasal steroids, etc.; with the antidepressants expressly excluded from the preferred drug step therapy. A Coverage Review Request by members, comprising trial and failure of preferred drug therapy, will be offered to be covered for non-preferred drugs.

Retail Refill Allowance

Members can use retail for non-maintenance drugs with no restrictions, subject to copayments specified in the Program. Non-maintenance drugs are defined as those taken on a short-term basis, i.e. usually fewer than 34 days – e.g. an antibiotic used to treat a strep throat.

Members may use retail for maintenance prescription drugs only two (2) times before the penalty will apply. Maintenance medications are defined as those taken regularly for an ongoing condition – e.g. medications used to treat high blood pressure. Members will be contacted by the Program at each retail refill to utilize the mail order service. At and following the third (3rd) time of retail use for such drugs, a penalty will be charged, equal to five per cent (5%) of the retail cost of such prescription drug and two (2) times the retail copayment for the respective Tier, i.e. \$10 / \$50 / \$80. No penalty will apply if the member utilizes the mail order.

When using the mail order, any medications that are temperature-sensitive for reasons of their sustained potency and effectiveness are shipped in special insulated packages designed to keep the contents at the correct temperature through the delivery process.

APPENDIX D

Town of Vernon

Managed Prescription Program, 3-Tier

Benefits at a Glance

The low copayments for the mail order refill supplies provide an added incentive for the members to use the mail order over retail purchases for maintenance medications.

National Pharmacy Network

Members also have access to a network (currently more than 53,000) retail pharmacies throughout the country.

Non-Participating Pharmacies

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance, plus the difference between the Program payment and the pharmacist's actual charge.

Limits and Exclusions

Benefits are limited to no more than a **34-day supply** for covered drugs purchased at a retail pharmacy, and no more than a **100-day supply** for covered maintenance drugs purchased by mail service. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Systems Analyst	E-3A	40.00	1	27.5930	220.7439	1103.72	57,393.41
			2	28.5313	228.2492	1141.25	59,344.79
			3	29.5013	236.0097	1180.05	61,362.51
			4	30.5043	244.0340	1220.17	63,448.84
			5	31.5415	252.3312	1,261.66	65,606.10
			6	32.6138	260.9104	1,304.55	67,836.70
			7	33.7228	269.7813	1,348.91	70,143.15
			8	34.7343	277.8748	1,389.37	72,247.44
Economic Dev. Coor./Asst Town Planner Assessor Director of Social Services Controller Collector of Revenue Asst. Director of Parks & Rec. Director of Youth Services	E-4	35.00	1	35.5453	248.8180	1,244.09	64,692.68
			2	36.8188	257.7320	1,288.66	67,010.32
			3	38.0821	266.5740	1,332.87	69,309.24
			4	39.4281	275.9960	1,379.98	71,758.96
			5	40.7845	285.4920	1,427.46	74,227.92
			6	42.2237	295.5660	1,477.83	76,847.16
			7	43.7043	305.9300	1,529.65	79,541.80
			8	45.0154	315.1080	1,575.54	81,928.08
Business Mgr., WPCA Assistant Director, WPCA Senior Systems Analyst	E-4A	40.00	1	31.1242	248.9940	1,244.97	64,738.44
			2	32.2010	257.6080	1,288.04	66,978.08
			3	33.3296	266.6360	1,333.18	69,325.36
			4	34.4892	275.9140	1,379.57	71,737.64
			5	35.7110	285.6880	1,428.44	74,278.88
			6	36.9535	295.6280	1,478.14	76,863.28
			7	38.2374	305.9000	1,529.50	79,534.00
			8	39.3845	315.0760	1,575.38	81,919.76

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Town Engineer Town Planner Building Official Director of Parks & Rec.	E-5	35.00	1	40.1840	281.2880	1,406.44	73,134.88
			2	41.5817	291.0720	1,455.36	75,678.72
			3	43.0417	301.2920	1,506.46	78,335.92
			4	44.5430	311.8020	1,559.01	81,068.52
			5	46.1064	322.7440	1,613.72	83,913.44
			6	47.7217	334.0520	1,670.26	86,853.52
			7	49.3783	345.6480	1,728.24	89,868.48
			8	50.8597	356.0180	1,780.09	92,564.68
Director of Inf. & Comm. Technology	E-6A	40.00	1	39.1796	313.4360	1,567.18	81,493.36
			2	40.5359	324.2880	1,621.44	84,314.88
			3	41.9752	335.8020	1,679.01	87,308.52
			4	43.4351	347.4800	1,737.40	90,344.80
			5	44.9571	359.6560	1,798.28	93,510.56
			6	46.5413	372.3300	1,861.65	96,805.80
			7	48.1772	385.4180	1,927.09	100,208.68
			8	49.6225	396.9800	1,984.90	103,214.80
Assistant Collector of Revenue Youth Counselor	N-6	35.00	1	22.0748	154.5240	772.62	40,176.24
			2	22.8514	159.9600	799.80	41,589.60
			3	23.6589	165.6120	828.06	43,059.12
			4	24.4768	171.3380	856.69	44,547.88
			5	25.3260	177.2820	886.41	46,093.32
			6	26.2267	183.5860	917.93	47,732.36
			7	27.1482	190.0380	950.19	49,409.88
			8	27.9627	195.7380	978.69	50,891.88

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	LEVEL	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40	1		16.8920	135.1360	675.68	35,135.36
			2		17.4938	139.9500	699.75	36,387.00
			3		18.0850	144.6800	723.40	37,616.80
			4		18.7396	149.9160	749.58	38,978.16
			5		19.4047	155.2380	776.19	40,361.88
			6		20.0698	160.5580	802.79	41,745.08
			7		20.7772	166.2180	831.09	43,216.68
			8		21.4951	171.9600	859.80	44,709.60
Deputy Assessor GIS Coordinator Senior Engineering Technician Zoning Enforcement Officer	N-7	35.00	1		26.0300	182.2100	911.05	47,374.60
			2		26.9515	188.6600	943.30	49,051.60
			3		27.8627	195.0380	975.19	50,709.88
			4		28.8566	201.9960	1,009.98	52,518.96
			5		29.8714	209.1000	1,045.50	54,366.00
			6		30.9171	216.4200	1,082.10	56,269.20
			7		31.9939	223.9580	1,119.79	58,229.08
			8		32.9538	230.6760	1,153.38	59,975.76
Program Analyst job title eliminated w/ MOA 9/11/12	N-7M	35.00	1		29.5918	207.1420	1,035.71	53,856.92
			2		30.6582	214.6080	1,073.04	55,798.08
			3		31.7247	222.0720	1,110.36	57,738.72
			4		32.8430	229.9020	1,149.51	59,774.52
			5		34.0026	238.0180	1,190.09	61,884.68
			6		35.1829	246.2800	1,231.40	64,032.80
			7		36.4150	254.9060	1,274.53	66,275.56
			8		37.5076	262.5540	1,312.77	68,264.04

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY

JULY 1, 2013 - 1.5% INCREASE

Social Worker Recreation Supervisor	E-2	35.00	1	27.9758	195.8300	979.15	50,915.80
			2	28.9322	202.5260	1,012.63	52,656.76
			3	29.9516	209.6620	1,048.31	54,512.12
			4	31.0025	217.0180	1,085.09	56,424.68
			5	32.0850	224.5960	1,122.98	58,394.96
			6	33.2200	232.5400	1,162.70	60,460.40
			7	34.3970	240.7800	1,203.90	62,602.80
			8	35.4290	248.0040	1,240.02	64,481.04

Park Maintenance Supervisor	E-2A	40.00	1	24.4762	195.8100	979.05	50,910.60
			2	25.3170	202.5360	1,012.68	52,659.36
			3	26.2102	209.6820	1,048.41	54,517.32
			4	27.1246	216.9960	1,084.98	56,418.96
			5	28.0809	224.6480	1,123.24	58,408.48
			6	29.0793	232.6340	1,163.17	60,484.84
			7	30.0777	240.6220	1,203.11	62,561.72
			8	30.9800	247.8400	1,239.20	64,438.40

Civil Engineer Surveyor	E-3	35.00	1	31.9378 *	223.5640	1,117.82	58,126.64
			2	33.0413	231.2900	1,156.45	60,135.40
			3	34.1974	239.3820	1,196.91	62,239.32
			4	35.3849	247.6940	1,238.47	64,400.44
			5	36.6565	256.5960	1,282.98	66,714.96
			6	37.9387	265.5700	1,327.85	69,048.20
			7	39.2628	274.8400	1,374.20	71,458.40
			8	40.4407	283.0840	1,415.42	73,601.84

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Systems Analyst	E-3A	40.00	1	28.0069	224.0560	1,120.28	58,254.56
			2	28.9593	231.6740	1,158.37	60,235.24
			3	29.9438	239.5500	1,197.75	62,283.00
			4	30.9619	247.6960	1,238.48	64,400.96
			5	32.0146	256.1160	1,280.58	66,590.16
			6	33.1030	264.8240	1,324.12	68,854.24
			7	34.2286	273.8280	1,369.14	71,195.28
			8	35.2553	282.0420	1,410.21	73,330.92
Economic Dev. Coor./Asst Town Planner Assessor Director of Social Services Controller Collector of Revenue Asst. Director of Parks & Rec. Director of Youth Services	E-4	35.00	1	36.0785	252.5500	1,262.75	65,663.00
			2	37.3711	261.5980	1,307.99	68,015.48
			3	38.6533	270.5740	1,352.87	70,349.24
			4	40.0195	280.1360	1,400.68	72,835.36
			5	41.3963	289.7740	1,448.87	75,341.24
			6	42.8571	300.0000	1,500.00	78,000.00
			7	44.3599	310.5200	1,552.60	80,735.20
			8	45.6906	319.8340	1,599.17	83,156.84
Business Mgr., WPCA Assistant Director, WPCA Senior Systems Analyst	E-4A	40.00	1	31.5911	252.7280	1,263.64	65,709.28
			2	32.6840	261.4720	1,307.36	67,982.72
			3	33.8295	270.6360	1,353.18	70,365.36
			4	35.0065	280.0520	1,400.26	72,813.52
			5	36.2467	289.9740	1,449.87	75,393.24
			6	37.5078	300.0620	1,500.31	78,016.12
			7	38.8110	310.4880	1,552.44	80,726.88
			8	39.9753	319.8020	1,599.01	83,148.52

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Town Engineer	E-5	35.00	1	40.7868	285.5080	1,427.54	74,232.08
Town Planner			2	42.2054	295.4380	1,477.19	76,813.88
Building Official			3	43.6873	305.8120	1,529.06	79,511.12
Director of Parks & Rec.			4	45.2111	316.4780	1,582.39	82,284.28
			5	46.7980	327.5860	1,637.93	85,172.36
			6	48.4375	339.0620	1,695.31	88,156.12
			7	50.1190	350.8340	1,754.17	91,216.84
			8	51.6226	361.3580	1,806.79	93,953.08
Director of Inf. & Comm. Technology	E-6A	40.00	1	39.7673	318.1380	1,590.69	82,715.88
			2	41.1439	329.1520	1,645.76	85,579.52
			3	42.6048	340.8380	1,704.19	88,617.88
			4	44.0866	352.6920	1,763.46	91,699.92
			5	45.6315	365.0520	1,825.26	94,913.52
			6	47.2394	377.9160	1,889.58	98,258.16
			7	48.8999	391.2000	1,956.00	101,712.00
			8	50.3668	402.9340	2,014.67	104,762.84
Assistant Collector of Revenue	N-6	35.00	1	22.4059	156.8420	784.21	40,778.92
Youth Counselor			2	23.1942	162.3600	811.80	42,213.60
			3	24.0138	168.0960	840.48	43,704.96
			4	24.8440	173.9080	869.54	45,216.08
			5	25.7059	179.9420	899.71	46,784.92
			6	26.6201	186.3400	931.70	48,448.40
			7	27.5554	192.8880	964.44	50,150.88
			8	28.3821	198.6740	993.37	51,655.24

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40	1	17.1454	137.1640	685.82	35,662.64
			2	17.7562	142.0500	710.25	36,933.00
			3	18.3563	146.8500	734.25	38,181.00
			4	19.0207	152.1660	760.83	39,563.16
			5	19.6958	157.5660	787.83	40,967.16
			6	20.3708	162.9660	814.83	42,371.16
			7	21.0889	168.7120	843.56	43,865.12
			8	21.8175	174.5400	872.70	45,380.40
Deputy Assessor	N-7	35.00	1	26.4205	184.9440	924.72	48,085.44
GIS Coordinator			2	27.3558	191.4900	957.45	49,787.40
Senior Engineering Technician			3	28.2806	197.9640	989.82	51,470.64
Zoning Enforcement Officer			4	29.2894	205.0260	1,025.13	53,306.76
			5	30.3195	212.2360	1,061.18	55,181.36
			6	31.3809	219.6660	1,098.33	57,113.16
			7	32.4738	227.3160	1,136.58	59,102.16
			8	33.4481	234.1360	1,170.68	60,875.36
Program Analyst	N-7M	35.00	1	30.0357	210.2500	1,051.25	54,665.00
job title eliminated w/ MOA 9/11/12			2	31.1181	217.8260	1,089.13	56,634.76
			3	32.2006	225.4040	1,127.02	58,605.04
			4	33.3356	233.3500	1,166.75	60,671.00
			5	34.5126	241.5880	1,207.94	62,812.88
			6	35.7106	249.9740	1,249.87	64,993.24
			7	36.9612	258.7280	1,293.64	67,269.28
			8	38.0702	266.4920	1,332.46	69,287.92

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY

JULY 1, 2014 - 2.0% INCREASE

Social Worker Recreation Supervisor	E-2	35.00	1	28.5353	199.7480	998.74	51,934.48
			2	29.5108	206.5760	1,032.88	53,709.76
			3	30.5506	213.8540	1,069.27	55,602.04
			4	31.6226	221.3580	1,106.79	57,553.08
			5	32.7267	229.0860	1,145.43	59,562.36
			6	33.8844	237.1900	1,185.95	61,669.40
			7	35.0849	245.5940	1,227.97	63,854.44
			8	36.1376	252.9640	1,264.82	65,770.64

Park Maintenance Supervisor	E-2A	40.00	1	24.9657	199.7260	998.63	51,928.76
			2	25.8233	206.5860	1,032.93	53,712.36
			3	26.7344	213.8760	1,069.38	55,607.76
			4	27.6671	221.3360	1,106.68	57,547.36
			5	28.6425	229.1400	1,145.70	59,576.40
			6	29.6609	237.2880	1,186.44	61,694.88
			7	30.6793	245.4340	1,227.17	63,812.84
			8	31.5996	252.7960	1,263.98	65,726.96

Civil Engineer Surveyor	E-3	35.00	1	32.5766	228.0360	1,140.18	59,289.36
			2	33.7021	235.9140	1,179.57	61,337.64
			3	34.8813	244.1700	1,220.85	63,484.20
			4	36.0926	252.6480	1,263.24	65,688.48
			5	37.3896	261.7280	1,308.64	68,049.28
			6	38.6975	270.8820	1,354.41	70,429.32
			7	40.0481	280.3360	1,401.68	72,887.36
			8	41.2495	288.7460	1,443.73	75,073.96

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Systems Analyst	E-3A	40.00	1	28.5670	228.5360	1,142.68	59,419.36
			2	29.5385	236.3080	1,181.54	61,440.08
			3	30.5427	244.3420	1,221.71	63,528.92
			4	31.5811	252.6480	1,263.24	65,688.48
			5	32.6549	261.2400	1,306.20	67,922.40
			6	33.7651	270.1200	1,350.60	70,231.20
			7	34.9132	279.3060	1,396.53	72,619.56
			8	35.9604	287.6840	1,438.42	74,797.84
Economic Dev. Coor/Asst Town Planner Assessor Director of Social Services Controller Collector of Revenue Asst. Director of Parks & Rec. Director of Youth Services	E-4	35.00	1	36.8001	257.6000	1,288.00	66,976.00
			2	38.1185	266.8300	1,334.15	69,375.80
			3	39.4264	275.9840	1,379.92	71,755.84
			4	40.8199	285.7400	1,428.70	74,292.40
			5	42.2242	295.5700	1,477.85	76,848.20
			6	43.7142	306.0000	1,530.00	79,560.00
			7	45.2471	316.7300	1,583.65	82,349.80
			8	46.6044	326.2300	1,631.15	84,819.80
Business Mgr., WPCA Assistant Director, WPCA Senior Systems Analyst	E-4A	40.00	1	32.2229	257.7840	1,288.92	67,023.84
			2	33.3377	266.7020	1,333.51	69,342.52
			3	34.5061	276.0480	1,380.24	71,772.48
			4	35.7066	285.6520	1,428.26	74,269.52
			5	36.9716	295.7720	1,478.86	76,900.72
			6	38.2580	306.0640	1,530.32	79,576.64
			7	39.5872	316.6980	1,583.49	82,341.48
			8	40.7748	326.1980	1,630.99	84,811.48

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Town Engineer Town Planner Building Official Director of Parks & Rec.	E-5	35.00	1	41.6025	291.2180	1,456.09	75,716.68
			2	43.0495	301.3460	1,506.73	78,349.96
			3	44.5610	311.9280	1,559.64	81,101.28
			4	46.1153	322.8080	1,614.04	83,930.08
			5	47.7340	334.1380	1,670.69	86,875.88
			6	49.4063	345.8440	1,729.22	89,919.44
			7	51.1214	357.8500	1,789.25	93,041.00
			8	52.6551	368.5860	1,842.93	95,832.36
Director of Inf. & Comm. Technology	E-6A	40.00	1	40.5626	324.5000	1,622.50	84,370.00
			2	41.9668	335.7340	1,678.67	87,290.84
			3	43.4569	347.6560	1,738.28	90,390.56
			4	44.9683	359.7460	1,798.73	93,533.96
			5	46.5441	372.3520	1,861.76	96,811.52
			6	48.1842	385.4740	1,927.37	100,223.24
			7	49.8779	399.0240	1,995.12	103,746.24
			8	51.3741	410.9920	2,054.96	106,857.92
Assistant Collector of Revenue Youth Counselor	N-6	35.00	1	22.8540	159.9780	799.89	41,594.28
			2	23.6581	165.6060	828.03	43,057.56
			3	24.4941	171.4580	857.29	44,579.08
			4	25.3409	177.3860	886.93	46,120.36
			5	26.2200	183.5400	917.70	47,720.40
			6	27.1525	190.0680	950.34	49,417.68
			7	28.1065	196.7460	983.73	51,153.96
			8	28.9497	202.6480	1,013.24	52,688.48

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40	1	17.4883	139.9060	699.53	36,375.56
			2	18.1113	144.8900	724.45	37,671.40
			3	18.7234	149.7880	748.94	38,944.88
			4	19.4011	155.2080	776.04	40,354.08
			5	20.0897	160.7180	803.59	41,786.68
			6	20.7782	166.2260	831.13	43,218.76
			7	21.5107	172.0860	860.43	44,742.36
			8	22.2539	178.0320	890.16	46,288.32
Deputy Assessor	N-7	35.00	1	26.9489	188.6420	943.21	49,046.92
GIS Coordinator			2	27.9029	195.3200	976.60	50,783.20
Senior Engineering Technician			3	28.8462	201.9240	1,009.62	52,500.24
Zoning Enforcement Officer			4	29.8752	209.1260	1,045.63	54,372.76
			5	30.9259	216.4820	1,082.41	56,285.32
			6	32.0085	224.0600	1,120.30	58,255.60
			7	33.1233	231.8640	1,159.32	60,284.64
			8	34.1171	238.8200	1,194.10	62,093.20
Program Analyst	N-7M	35.00	1	30.6364	214.4540	1,072.27	55,758.04
job title eliminated w/ MOA 9/11/12			2	31.7405	222.1840	1,110.92	57,767.84
			3	32.8446	229.9120	1,149.56	59,777.12
			4	34.0023	238.0160	1,190.08	61,884.16
			5	35.2029	246.4200	1,232.10	64,069.20
			6	36.4248	254.9740	1,274.87	66,293.24
			7	37.7004	263.9020	1,319.51	68,614.52
			8	38.8316	271.8220	1,359.11	70,673.72

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY

JULY 1, 2015 - 2.0% INCREASE

Social Worker Recreation Supervisor	E-2	35.00	1	29.1060	203.7420	1,018.71	52,972.92
			2	30.1010	210.7080	1,053.54	54,784.08
			3	31.1616	218.1320	1,090.66	56,714.32
			4	32.2551	225.7860	1,128.93	58,704.36
			5	33.3812	233.6680	1,168.34	60,753.68
			6	34.5621	241.9340	1,209.67	62,902.84
			7	35.7866	250.5060	1,252.53	65,131.56
			8	36.8604	258.0220	1,290.11	67,085.72

Park Maintenance Supervisor	E-2A	40.00	1	25.4650	203.7200	1,018.60	52,967.20
			2	26.3398	210.7180	1,053.59	54,786.68
			3	27.2691	218.1520	1,090.76	56,719.52
			4	28.2204	225.7640	1,128.82	58,698.64
			5	29.2154	233.7240	1,168.62	60,768.24
			6	30.2541	242.0320	1,210.16	62,928.32
			7	31.2929	250.3440	1,251.72	65,089.44
			8	32.2316	257.8520	1,289.26	67,041.52

Civil Engineer Surveyor	E-3	35.00	1	33.2281	232.5960	1,162.98	60,474.96
			2	34.3761	240.6320	1,203.16	62,564.32
			3	35.5789	249.0520	1,245.26	64,753.52
			4	36.8145	257.7020	1,288.51	67,002.52
			5	38.1374	266.9620	1,334.81	69,410.12
			6	39.4715	276.3000	1,381.50	71,838.00
			7	40.8491	285.9440	1,429.72	74,345.44
			8	42.0745	294.5220	1,472.61	76,575.72

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Systems Analyst	E-3A	40.00	1	29.1383	233.1060	1,165.53	60,607.56
			2	30.1293	241.0340	1,205.17	62,668.84
			3	31.1536	249.2280	1,246.14	64,799.28
			4	32.2127	257.7020	1,288.51	67,002.52
			5	33.3080	266.4640	1,332.32	69,280.64
			6	34.4404	275.5240	1,377.62	71,636.24
			7	35.6115	284.8920	1,424.46	74,071.92
			8	36.6796	293.4360	1,467.18	76,293.36
Economic Dev. Coor/Asst Town Planner Assessor Director of Social Services Controller Collector of Revenue Asst. Director of Parks & Rec. Director of Youth Services	E-4	35.00	1	37.5361	262.7520	1,313.76	68,315.52
			2	38.8809	272.1660	1,360.83	70,763.16
			3	40.2149	281.5040	1,407.52	73,191.04
			4	41.6363	291.4540	1,457.27	75,778.04
			5	43.0687	301.4800	1,507.40	78,384.80
			6	44.5885	312.1200	1,560.60	81,151.20
			7	46.1520	323.0640	1,615.32	83,996.64
			8	47.5365	332.7560	1,663.78	86,516.56
Business Mgr., WPCA Assistant Director, WPCA Senior Systems Analyst	E-4A	40.00	1	32.8674	262.9400	1,314.70	68,364.40
			2	34.0045	272.0360	1,360.18	70,729.36
			3	35.1962	281.5700	1,407.85	73,208.20
			4	36.4207	291.3660	1,456.83	75,755.16
			5	37.7110	301.6880	1,508.44	78,438.88
			6	39.0232	312.1860	1,560.93	81,168.36
			7	40.3789	323.0320	1,615.16	83,988.32
			8	41.5903	332.7220	1,663.61	86,507.72

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	LEVEL	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Town Engineer Town Planner Building Official Director of Parks & Rec.	E-5	35.00	1		42.4346	297.0420	1,485.21	77,230.92
			2		43.9105	307.3740	1,536.87	79,917.24
			3		45.4522	318.1660	1,590.83	82,723.16
			4		47.0376	329.2640	1,646.32	85,608.64
			5		48.6887	340.8200	1,704.10	88,613.20
			6		50.3944	352.7600	1,763.80	91,717.60
			7		52.1438	365.0060	1,825.03	94,901.56
			8		53.7082	375.9580	1,879.79	97,749.08
Director of Inf. & Comm. Technology	E-6A	40.00	1		41.3739	330.9920	1,654.96	86,057.92
			2		42.8061	342.4480	1,712.24	89,036.48
			3		44.3260	354.6080	1,773.04	92,198.08
			4		45.8677	366.9420	1,834.71	95,404.92
			5		47.4750	379.8000	1,899.00	98,748.00
			6		49.1479	393.1840	1,965.92	102,227.84
			7		50.8755	407.0040	2,035.02	105,821.04
			8		52.4016	419.2120	2,096.06	108,995.12
Assistant Collector of Revenue Youth Counselor	N-6	35.00	1		23.3111	163.1780	815.89	42,426.28
			2		24.1313	168.9200	844.60	43,919.20
			3		24.9840	174.8880	874.44	45,470.88
			4		25.8477	180.9340	904.67	47,042.84
			5		26.7444	187.2100	936.05	48,674.60
			6		27.6956	193.8700	969.35	50,406.20
			7		28.6686	200.6800	1,003.40	52,176.80
			8		29.5287	206.7000	1,033.50	53,742.00

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/ LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40	1	17.8381	142.7040	713.52	37,103.04
			2	18.4735	147.7880	738.94	38,424.88
			3	19.0979	152.7840	763.92	39,723.84
			4	19.7891	158.3120	791.56	41,161.12
			5	20.4915	163.9320	819.66	42,622.32
			6	21.1938	169.5500	847.75	44,083.00
			7	21.9409	175.5280	877.64	45,637.28
			8	22.6990	181.5920	907.96	47,213.92
Deputy Assessor GIS Coordinator Senior Engineering Technician Zoning Enforcement Officer	N-7	35.00	1	27.4879	192.4160	962.08	50,028.16
			2	28.4610	199.2280	996.14	51,799.28
			3	29.4231	205.9620	1,029.81	53,550.12
			4	30.4727	213.3080	1,066.54	55,460.08
			5	31.5444	220.8100	1,104.05	57,410.60
			6	32.6487	228.5400	1,142.70	59,420.40
			7	33.7858	236.5000	1,182.50	61,490.00
			8	34.7994	243.5960	1,217.98	63,334.96
Program Analyst job title eliminated w/ MOA 9/11/12	N-7M	35.00	1	31.2491	218.7440	1,093.72	56,873.44
			2	32.3753	226.6280	1,133.14	58,923.28
			3	33.5015	234.5100	1,172.55	60,972.60
			4	34.6823	242.7760	1,213.88	63,121.76
			5	35.9070	251.3500	1,256.75	65,351.00
			6	37.1533	260.0740	1,300.37	67,619.24
			7	38.4544	269.1800	1,345.90	69,986.80
			8	39.6082	277.2580	1,386.29	72,087.08